

CASE LD0268 NP

CERTIFICATE OF MAILING

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Anastasia P. Winslow
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November 12, 2003
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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TECH CENTER 1600/2900

IN RE APPLICATION OF

Art Unit: 1614

FRANCIS Y.F. LEE

APPLICATION NO: 10/091,061

FILED: MARCH 5, 2002

FOR: COMBINATION OF EPOTHILONE ANALOGS AND
CHEMOTHERAPEUTIC AGENTS FOR THE TREATMENT OF
PROLIFERATIVE DISEASES

MAIL STOP: _____
Commissioner for Patents
P.O. Box 1450
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SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Sir:

This Information Disclosure Statement is being filed in accordance with 37 C.F.R. §1.97(c).
A letter for payment of fee set forth in 37 C.F.R. §1.17(p) is enclosed.

In accordance with 37 C.F.R. §1.56, applicant wishes to call the Examiner's attention to the references cited on the attached form(s) PTO-1449.

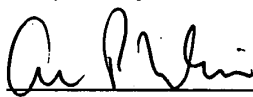
Copies of these references are enclosed herewith.

The Examiner is requested to consider the foregoing information in relation to this application and indicate that each reference was considered by returning a copy of the initialed PTO 1449 form(s).

11/16/2003 JBALINAN 00000105 193880 10091061
01 FC:1806 180.00 DA

Bristol-Myers Squibb Company
Patent Department
P.O. Box 4000
Princeton, NJ 08543-4000
609 (252-6996)
Date: November 12, 2003

Respectfully submitted,


Anastasia Winslow
Attorney for Applicant
Reg. No. 40,875

INFORMATION DISCLOSURE CITATION

(Use several sheets if necessary)



U.S. PATENT DOCUMENTS

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE
	AA	WO02/067941	6/9/02	World (PCT as Published)			
	AB	WO03/057217	7/17/03	World (PCT as Published)			
	AC						
	AD						
	AE						
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FOREIGN PATENT DOCUMENTS

		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION	
							YES	NO
	AM						<input type="checkbox"/>	<input type="checkbox"/>
	AN						<input type="checkbox"/>	<input type="checkbox"/>
	AO						<input type="checkbox"/>	<input type="checkbox"/>
	AP						<input type="checkbox"/>	<input type="checkbox"/>
	AQ						<input type="checkbox"/>	<input type="checkbox"/>

OTHER DOCUMENTS (Including Author, Title, Date, Pertinent pages, Etc.)

	AR	
	AS	
	AT	

EXAMINER

DATE CONSIDERED

*EXAMINER: Initial of reference considered, whether or not citation is in conformance with MPEP 609: Draw a line through citation if not in conformance and not considered. Include a copy of this form with the next communication to applicant.